

HIV update for Geriatricians

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- **HIV Lancet commission on ageing and HIV**
- **Long acting therapeutics for HIV**
- **Prevention of cardiovascular disease**
- **GLP-1 and HIV**
- **The global funding crisis in HIV**

The *Lancet* HIV Commission on ageing and HIV: a global perspective



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11.5M

People with HIV aged over 50 in 2025,
29% of everyone living with HIV

20.2M

Forecast for 2040, 51% of all people
people with HIV; median adult age
reaches 50

96%

of people with HIV over 50 will live in
live in low- and middle-income
countries by 2040

HIV care must shift from:

"Start ART and keep people suppressed" to "help people age well across a longer life"

At 65, people with HIV are physiologically older

Men with HIV

Chronological age 65

Physiological age 78.5 (+13.5 years)

Women with HIV

Chronological age 65

Physiological age 76.6 (+11.6 years)

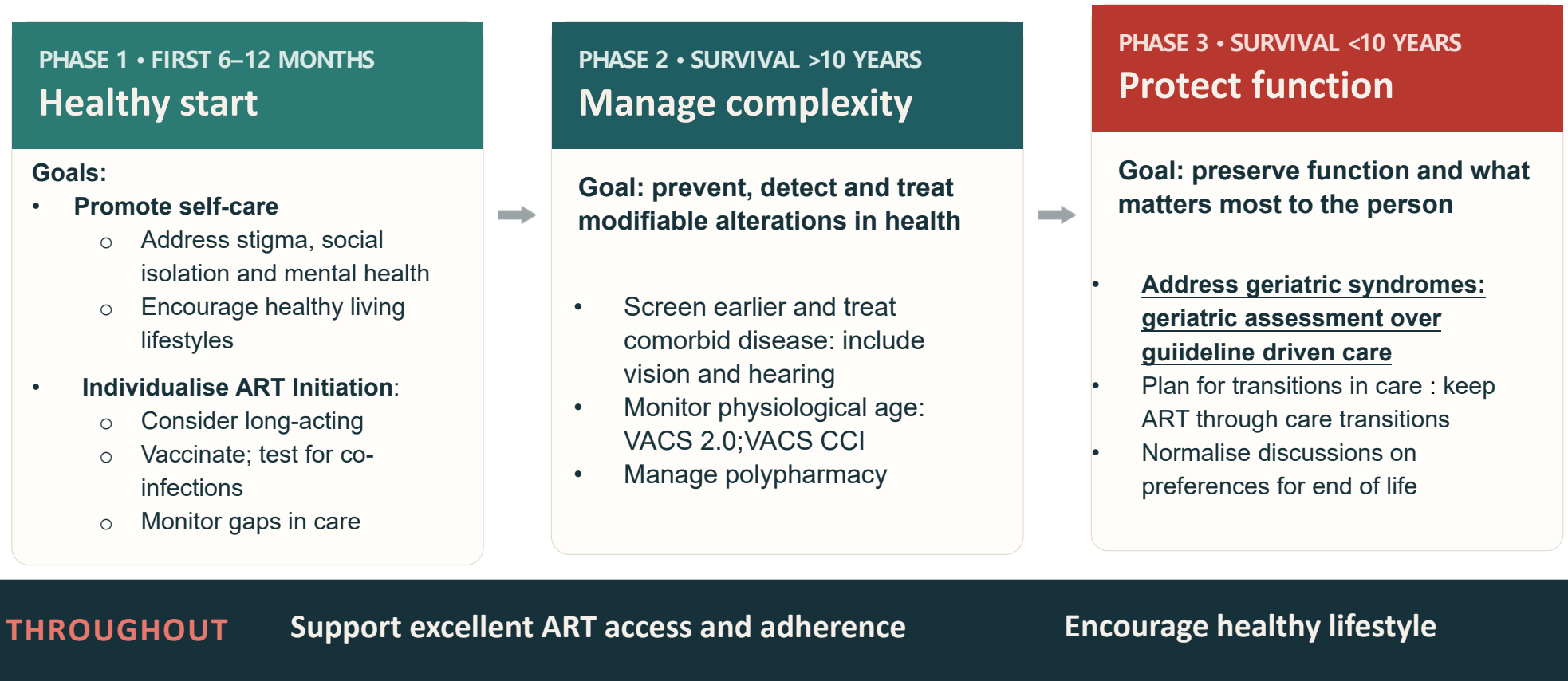
Why it matters

- Under-screening delays diagnosis and treatment
- Over-screening adds anxiety, cost and side-effects
- Screen earlier for heart disease, bone health and some cancers

Physiological age estimated with the VACS–CCI index in US veterans with HIV, compared with US population life tables

It is function that matters !

Lancet HIV Commission: care in three phases



“HIV care was designed for survival, now it must be re-designed for living well”

Long acting medicines shaping the future of HIV therapy

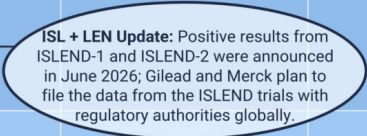
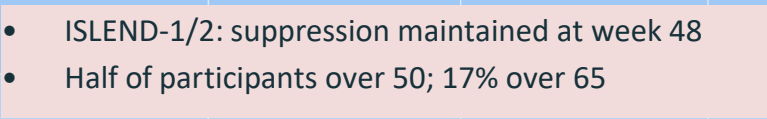


Long-acting HIV options: 2026

	Weekly oral tablet	Injection every 1–2 months	Injection every 6 months
Treatment	Weekly oral Islatravir + lenacapavir lenacapavir Complete regimen; ISLEND-1/2 Phase 3	Cabotegravir + rilpivirine (Cabenuva) (Cabenuva) Complete regimen; buttock injections	Lenacapavir Multidrug-resistant HIV only, with other ART
Prevention (PrEP)	Lenacapavir tablets (Yeztugo) Would be the first weekly PrEP pill FDA decision due Feb 2027	Cabotegravir Every 2 months, buttock injection	Lenacapavir Twice-yearly injection under the skin

Solid = FDA approved · Dashed = not yet approved. Sources: FDA; ViiV; Gilead (8 and 15 June 2026)

Long-Acting HIV Treatment Pipeline

	Preclinical	Phase I	Phase II/IIb	Phase III	Bridging	Approved
WEEKLY	 GS-5894		 ULO + ISL*  GS-1720 + GS-4182*	 ISL + LEN	 ISL + LEN Update: Positive results from ISLEND-1 and ISLEND-2 were announced in June 2026; Gilead and Merck plan to file the data from the ISLEND trials with regulatory authorities globally.	 ABT
2-WEEKLY			 - ISLEND-1/2: suppression maintained at week 48 - Half of participants over 50; 17% over 65			 IBA
MONTHLY	 TLD	 GS-3107				
2-MONTHLY					 CAB + LEN*	 CAB + RPV
3-MONTHLY		 GS-3242				
4-MONTHLY		 CAB-ULA	 N6LS + CAB  3BNC117-LS + 10-1074-LS*			
6-MONTHLY	 DOR	 VH-079	 VH-499  VH-184  LTZ		 CAB + LEN*	 ARVs + LEN

Dosing Modality

-  Oral
-  Injectable
-  Implant
-  ARV infusion
-  Oral + injectable
-  Antibody infusion
-  Antibody infusion + injectable

Abbreviations

ABT: Abtivrivine
 ARVs: Antiretrovirals
 BIC: Bictegravir
 CAB: Cabotegravir
 DOR: Doravirine
 IBA: Ibalizumab
 ISL: Islatravir
 LEN: Lenacapavir
 LTZ: Lenacapavir + teropavimab + zinlirvimab
 RPV: Rilpivirine
 TLD: Tenofovir disoproxil fumarate + lamivudine + dolutegravir
 ULA: Ultra long-acting
 ULO: Ulonivirine

Notes

- *ULO + ISL: both phase II and phase II/III trials are ongoing
- *GS-1720 + GS-4182: phase II/III trial (WONDERS-1) is on hold; WONDERS-2 was terminated
- *3BNC117-LS + 10-1074-LS: time to viral rebound is measured at week 20
- *CAB + LEN: CAB is given every 2 months; LEN is given every 6 months

Potential advantages for people ageing with HIV

- Reduce treatment burden and pill fatigue
- An alternative when swallowing tablets is difficult
- Support medication management: help those with memory difficulties, polypharmacy or complex medication schedules
- Stigma
- **More choice and control**

Evidence in frail people with HIV is limited

Statins for prevention of cardiovascular events

REPRIEVE: statins for primary prevention

7,769 adults with HIV aged 40–75 years, receiving ART and at low-to-moderate cardiovascular risk; pitavastatin 4 mg daily versus placebo

35%

Reduction in major cardiovascular events with pitavastatin at low-to-moderate risk over a median of 5.6 year

Grinspoon SK NEJM 2023

REPRIEVE sub-analysis:

- Reduced non-calcified coronary plaque and markers of arterial inflammation. Lu et al JAMA cardiology 2024
- No detrimental effect on cognition, gait speed, grip strength or chair-rise performance. Erlandson et al AIDS 2025
- No evidence of treatment-effect modification by frailty, although few participants were frail. Erlandson et al JACC 2025
- **Reduce incidence of hypertension by 17%: 24.7 versus 29.6 cases per 1,000 person-years; HR 0.83 (95% CI 0.71–0.97).** Umbleja et al Lancet 2026

GLP-1 agonists in HIV: benefit and caution

Real-world data, CROI 2026

- Tirzepatide: about 14% weight loss at 12 months.¹ Tirzepatide vs semaglutide: **3.1%** greater weight loss and **0.39%** greater HbA1c reduction vs semaglutide (n=497 vs 2,187)⁵
- **1,850** participants on semaglutide (mean 218 days); FIB-4 reduction seen in moderate-to-advanced baseline liver fibrosis³
- No worsening of depressive symptoms²
- 26% reduction in smoking intensity⁴

SLIM LIVER (semaglutide for MASLD n: 49)

- **Liver fat fell by approximately 31%**, measured by MRI.
- **29% achieved resolution of liver steatosis**, and **58% achieved at least a 30% reduction in liver fat**
- **Psoas muscle volume decreased by 9.3%**, but there was no significant deterioration in gait speed or chair-rise performance over 24 weeks.

Watch in older adults

- Muscle loss with fat; regained weight returns as fat
- Few trial participants over 75 years
- 26% stopped tirzepatide within a year
- Potential interaction with Rilpivirine

1. Brown TT, plenary 24. CROI 2026. 2. Haidar L, et al. CROI, Denver CO, Abstract 447, 2026. 3. Ma J, et al. CROI, Denver CO, Abstract 601, 2026. 4. Crane HM, et al. CROI, Denver CO, Abstract 698, 2026. 5. Crane HM, et al. CROI, Denver CO, Abstract 697, 2026 Lake JE, AIDS 2026 [10] · Corley MJ, Nat Commun 2026 [11] · CROI 2026 [12] · Justice AC, Lancet HIV 2026 [1]

The Global Health Funding crisis: what happened

20.6M

People on ART were supported by PEPFAR before 2025, and about 90 million were reached each year with testing and prevention

Jan 2025

US foreign aid frozen; PEPFAR stop-work orders; orders; US exits WHO

Feb 2025

Limited waiver for for core HIV treatment and PMTCT; delays persist

Feb–Mar 2025

USAID programmes terminated; clinic closures and layoffs layoffs

2025

UK, France, Germany and the Netherlands also cut aid

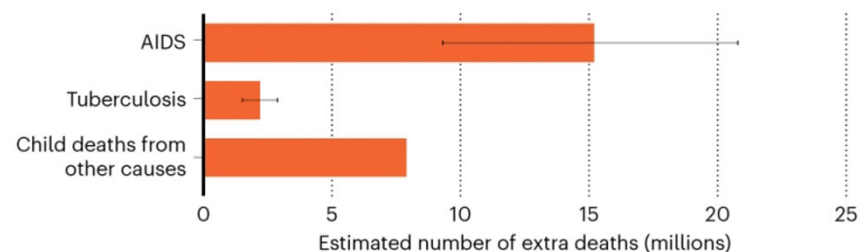
Late 2025

"America First" bilateral, time-limited deals; Global Fund raises \$11bn

2026

HIV, TB and malaria services still impaired, especially in Africa

Millions of people could die between 2025 and 2040 if all United States funding for global health is terminated and not replaced.

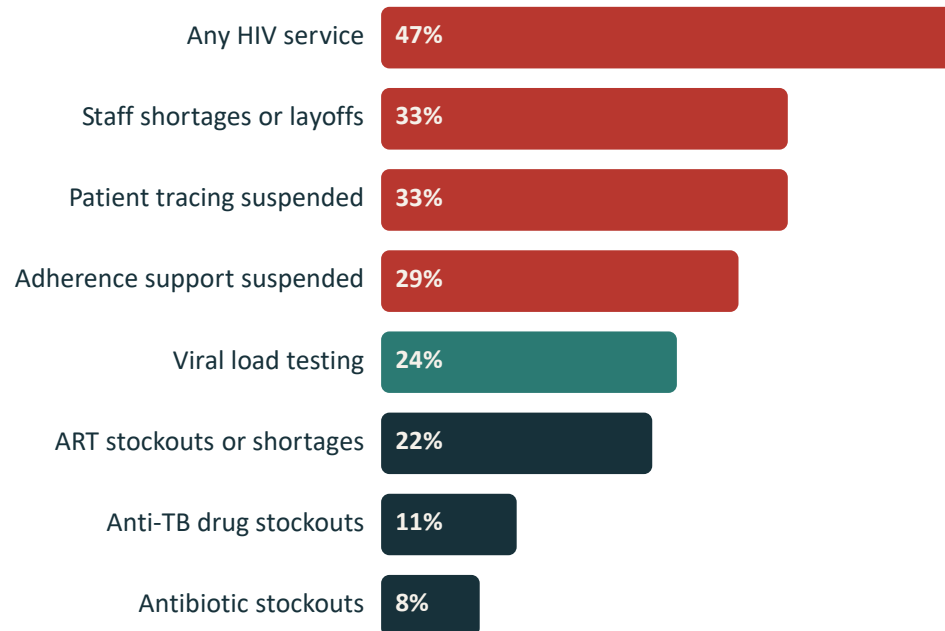


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*Compared with estimates of continued funding at 2024 levels.

What the cuts mean in the clinic

Clinics reporting disruption, 32 countries



Only 14% of clinics with disrupted services had fully resolved them

GLOBAL HEALTH

AIDS Creeps Back in Parts of Zambia, a Year After U.S. Cuts to H.I.V. Assistance

A once-robust H.I.V. treatment and prevention system, credited with saving hundreds of thousands of lives, has begun to crumble.

 Listen · 17:42 min

By [Stephanie Nolen](#) Photographs by Arlette Bashizi
Stephanie Nolen reported this story in Zambia. She has reported on the country's H.I.V. epidemic for more than 20 years.

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What this means for people ageing with HIV

- Treatment gaps: supply problems
- Monitoring lost: viral load, tracing, adherence
- **No room to fund NCDs and geriatric care**
- Research paused at 42% of sites

Thank you

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